Blank Children's Hospital
UnityPoint Health

ED Respiratory Support Pathway

Bronchiolitic patient in severe respiratory distress (deep retractions in multiple areas, grunting, head bobbing, significant tachypnea). If severe go straight to RAM/NIV.

Obtain respiratory score to objectively track progress

VAPOTHERM/HIGH FLOW NASAL CANNULA

- Initiate Vapotherm at 1L/kg
- Titrate FiO2 to maintain SpO2 >92% while awake and >90% while asleep
- Establish IV access and give bolus or MIVF
- Antipyretics for fever
- NPO
- Vitals: Every 15 minutes until stable on a setting for 1 hour and then every 30 minutes
- Nursing assessment: Every 30 minutes until stable on a setting for 1 hour and then every hour
- Titrate Vapotherm to 1.5L/kg and then 2L/kg over 20-30 minutes if no change in exam and/or score. If not improved, escalate to RAM.
- Once stabilized on a flow-rate observe in the ED for 30-60 minutes prior to calling for admission

RAM CANNULA/NON-INVASIVE VENTILATION

- Initiate at 14/7 (PIP/PEEP). Set the RR between 24-30.
- Titrate up as needed for response. Typical settings are 2xPEEP for the Pressure Control (PC) (ie 14/7, 16/8, 18/9).
- Establish IV access and give NS bolus.
- Obtain respiratory film array and CXR.
- Vitals: Every 15 minutes until stable on a setting for 1 hour and then every 30 minutes
- Antipyretics for fever
- NPO
- Nursing assessment: Every 30 minutes until stable on a setting for 1 hour and then every hour
- If patient is clinically deteriorating or having frequent apneic events, proceed to intubation and mechanical ventilation.

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